



Mobile Food Vendors Business License Requirements

Name of Mobile Food Business: _____

In accordance with the Vineyard Municipal Code Section 5.14.050, mobile food business owners must complete and submit the following to Vineyard before being issued a Vineyard Business License:

☐ 1. Vineyard Commercial Business License Application for each food truck/trailer

☐ 2. Information about the food truck/trailer:

Description: _____ License plate #: _____

VIN: _____

☐ 3. Proof of Fire Safety Inspection from any city or county within the state of Utah. Contact our fire inspector for more information (see attached Fire Inspection Letter).

☐ 4. Copy of Utah County Health Department Permit. (If you already have a permit from another county in the state of Utah, Utah County will issue your truck a Secondary Permit. Call the Utah County Health Department at 801-851-7525 with any questions.)

☐ 5. Certificate of Liability Insurance (See attached instructions and sample certificate.)

☐ 6. "I, the licensee, shall hold the City and its officers and employees harmless from any and all liability and shall indemnify the City and its officers and employees from any claims for damage to property or injury to persons arising from any activity carried on under the terms of the license."

Business Owner Name

Business Owner Signature

Date

☐ 7. TSSD Pretreatment Survey, with the address of the commissary listed as the business address

☐ 8. \$25 annual business license fee for each food truck/trailer that will be doing business in Vineyard

Please contact Kelly at the Vineyard office with any questions.

kellyk@vineyardutah.org

(801)226-1929

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VINEYARD
STAY CONNECTED

Commercial Business License Application

125 S Main Street
Vineyard, UT 84059
801-226-1929

www.vineyardutah.org

BUSINESS INFORMATION

Business Status (check all that apply): <input type="checkbox"/> New Business <input type="checkbox"/> Location Change <input type="checkbox"/> Name Change <input type="checkbox"/> Ownership Change			
Business Name:			
Business Address:			
City:	State:	ZIP Code:	Local Business Phone:
Mailing Address:			
City:	State:	ZIP Code:	Corporate Business Phone:
Business Email:			Business Website:

BUSINESS DESCRIPTION

Nature of Business: <input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail <input type="checkbox"/> Services <input type="checkbox"/> Food Service (include copy of Utah County Health Permit) <input type="checkbox"/> Wholesale <input type="checkbox"/> Mobile Vendor <input type="checkbox"/> Other: _____
Describe your business and how the property will be used. Please be specific.
Will any of the following be a part of the business? <input type="checkbox"/> Beer or Liquor Sales (If yes, you will need a Vineyard Alcohol License.) <input type="checkbox"/> Door-to-Door Sales (If yes, you will need a Vineyard Solicitor's License.) <input type="checkbox"/> Mobile Food (Food Truck) If yes, see the Food Truck Packet for more information. <input type="checkbox"/> E-liquid Manufacturing, Tobacco, ENDS, E-cigarette and/or Paraphernalia Sales (If yes, you will need a Utah State Tax Commission Tobacco License and a Utah County Tobacco Permit.)
Will your business produce, store, or use significant quantities of any toxic, explosive, or dangerous chemicals, liquids, or materials? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of employees at the location: _____ (if you are the owner, do not count yourself.)
Will you be holding a Grand Opening? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the estimated date of the event: _____ Would you like this event promoted on the Vineyard Facebook page? <input type="checkbox"/> Yes <input type="checkbox"/> No

OWNER AND MANAGER INFORMATION

Business Owner:	
Phone:	Email:
Home Address:	
Business Manager:	
Phone:	Email:
Home Address:	

FEDERAL AND STATE INFORMATION

State numbers can be obtained by logging on to osbr.utah.gov (OneStop Business Registration). The OneStop Business Registration application will notify you if you need to obtain a Federal Employer Identification Number (FEIN). To apply for a FEIN, go to <https://www.irs.gov/businesses/small-businesses-self-employed/employer-id-numbers-eins>. All entities other than an individual/sole proprietor will need a FEIN. All employers, including an individual/sole proprietor, will need a FEIN. If you are a sole proprietor with no employees, write N/A.

State Registration: ☐ Corporation ☐ Partnership ☐ Limited Liability (LLC) ☐ Sole Proprietor ☐ DBA

State Sales Tax #:

FEIN:

State Business Registration Number:

State License/DOPL Type (if any):

Number:

Expires:

Federal License Type (if any):

Number:

Expires:

LICENSE AND FEE INFORMATION

License Period is January 1st through December 31st. License renewals are due December 31st.
Complete applications received after July 1st will be charged half the annual fee.

TYPE OF BUSINESS	ANNUAL LICENSE FEE
Industrial, Manufacturing, & Distribution	\$250
Restaurant/Food Related	\$190
Retail	\$215
Service Related	\$75
Mobile Food Business	\$25 per food truck
Itinerant Merchant (90-day maximum)	\$30
Solicitor (submit Solicitor's License Application)	\$30

ADDITIONAL REQUIREMENTS

In addition to this Application, please submit the following to Vineyard:

- TSSD Pretreatment Survey
- Copy of any necessary federal, state or county permit or license

You will also need a fire inspection. Please see the Fire Inspection Letter for information on how to schedule the inspection.

By signing below, I certify that the information contained herein is true and correct. I understand that business shall not commence at this location without first obtaining a business license, and if needed, inspections by the fire inspector and Utah County Health Officials, which must first be completed and the building approved by these officials for business activities.

Signature of Business Owner

Printed Name of Business Owner

Date

The authority to regulate businesses in Vineyard is provided in the Vineyard Municipal Code Title 5 Business Licenses and Regulations which is available for review online at www.vineyardutah.org.

Revised July 2018



Fire Inspection Letter

125 S Main Street
Vineyard, UT 84059
801-226-1929

www.vineyardutah.org

Business License Applicant:

As part of your business license application process, you will need an inspection from Orem Fire Department to insure International Fire Code Compliance. There are several things the Fire Inspector may check. The list below is an example of the common things an Inspector may look for. Because of the various business types and locations of businesses in the City, it would be impossible to list everything that may be required for each business. Feel free to use this list as a guide prior to setting up an appointment for inspection.

- Address on the Building and Visible from the Street.
- Proper Exits from the Building that are Unobstructed.
- No Open Circuit Breaker Spaces in the Electrical Panel.
- Circuit Breakers Need to be Labelled and the Panel Accessible.
- Proper Storage of Oily Rags, Paint and other Hazardous Liquids or Gases.
- 36 inch area around Heaters and Water Heaters are clear of debris and storage items.
- Proper Fire Extinguishers (most are 2A 10BC) (Inspected and Tagged every year)
- Sprinkler Systems (where applicable) (Inspected and Tagged every year)
- Fire Alarm systems (where applicable) (Inspected and Tagged every year)
- Hood Systems (where applicable) (Inspected and Tagged every 6 months)
- Extension cords are not to be used for permanent wiring. When necessary, power strips may be used instead.

The Orem Fire Prevention Bureau looks forward to working with you to make your new business a success. If you have any questions about fire safety, and once you are ready for a final inspection, contact the Orem Fire inspector to set a time for your inspection.

Fire Inspector Russ Sneddon 801-229-7324

Thank you for your attention to safety and we wish you well with your new business!

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PRETREATMENT SURVEY
TIMPANOGOS SPECIAL SERVICE DISTRICT
Required by the District's Rules & Regulations

1. Business Name: _____
2. Business Address: _____
3. Brief business description, principal products, and services: _____

4. Will you discharge wastewater other than domestic waste from showers, restrooms, etc... to sanitary sewer? ____Yes ____No If yes, describe: _____

5. Describe any waste products the facility may generate such as solvents, oils, sludges, and/or any grease/oil/sand/water interceptor wastes. In addition, describe any dry process wastes generated? What is the intended disposal method for the wastes? _____

6. Does this business use or intend to use any technology or equipment utilizing water from the culinary water system? Please list: (ie process water, product water, heating water, cooling water, boilers, chillers, antifreeze systems, etc...) _____

7. Status of Facility: ____Occupied ____Vacant

8. Facility Type: ____Single Building ____Office Complex ____Warehouse
____Shell ____Empty Lot (Date of Construction _____)

9. Designated Contact:

Name (Type or Print)	Signature	Date
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Title	Business Phone	Email
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TSSD USE ONLY

Inspection Comment: _____

Inspector	Date
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Food Truck Business License

You will need to submit a Certificate of Liability Insurance for your Vineyard Food Truck Business License.

Vineyard Municipal Code, 9-464:

(6) Each applicant for a license or renewal under this Part shall submit, with the application, a certificate of insurance executed by an insurance company or association authorized to transact business in this State, showing that there is in full force and effect, for the full term of the license, general liability insurance in an amount not less than two hundred thousand dollars (\$200,000.00) for personal injury to each person, five hundred thousand dollars (\$500,000.00) for each occurrence, and five hundred thousand dollars (\$500,000.00) for each occurrence involving property damage; or a single limit policy of not less than five hundred thousand dollars (\$500,000.00) covering all claims per occurrence. Such policy or policies shall also include coverage of all motor vehicles used in connection with the applicant's business. A current certificate of insurance shall be kept on file with the Town Recorder at all times that the applicant is licensed by the Town verifying such continuing coverage and naming the Town as an additional insured. The certificate shall contain a statement that the Town will be given written notification at least thirty (30) days prior to cancellation or material change in the coverage. Cancellation shall constitute grounds for suspension or revocation of the license issued hereunder unless another insurance policy complying herewith is provided and is in effect at the time of cancellation/termination.

Please see the sample on the following page.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:		
	INSURER B:		
	INSURER C:		
INSURED	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

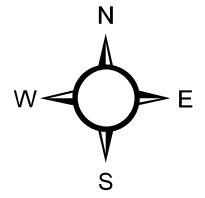
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY					EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					VEH EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$
						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A <input type="checkbox"/>				E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER



CANCELLATION

Vineyard 125 S. Main Street Vineyard, UT 84058	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE



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Feet

LEGEND

-  VINEYARD CONNECTOR
-  VINEYARD_BOUNDARY

TOWN OF VINEYARD

BOUNDARY MAP



VINEYARD
STAY CONNECTED

Created 11/29/2016